

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTIANGIOGENIC COMBINATION THERAPY FOR THE TREATMENT OF CANCER

The specification of which, with any Preliminary Amendment, (check one)
[]is attached hereto

[x] was filed on April 25, 2001 as Application Serial No. 09/843,132 and was amended on ______ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, \$119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| PRIOR FOREIG | N APPLICATION | N(S) | | Priority | Clai | med |
|--------------|---------------|------------------------|---|----------|------|------|
| 2.1.2.1. | | | | []Yes | [|] No |
| (Number) | (Country) | (Day/month/year filed) | | | | |
| | | · | | []Yes | [|]No |
| (Number) | (Country) | (Day/month/year filed) | • | | | |
| | | | | []Yes | [|]No |
| (Number) | (Country) | (Day/month/year filed) | | | | |

I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| 09/470,951 | 12/22/99 | Perfected |
|--------------------------|---------------|-----------|
| (Application Serial No.) | (Filing date) | (Status) |
| 60/113,786 | 12/23/98 | Perfected |
| (Application Serial No.) | (Filing date) | (Status) |

POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: S. CHRISTOPHER BAUER, Registration No. 42,307; DENNIS A. BENNETT, Registration No. 34,547; JAMES C. FORBES, Registration No. 39,457; J. TIMOTHY KEANE, Registration No. 27,808; JOSEPH R. SCHUH, Registration No. 48,180; JAMES M. WARNER, Registration No. 45,199; SCOTT A. WILLIAMS, Registration No. 39,876; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to James M. Warner at 314-694-4474 and address all correspondence to:

Pharmacia Corporation Corporate Patent Law Department P.O. Box 5110 Chicago, Illinois 60680-9889

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| . <u></u> . | | · | |
|------------------------------|--|---|---------------------------|
| | LAST NAME | FIRST NAME | MIDDLE NAME |
| | McKearn | John | P |
| | CITY Wildwood | STATE OR FOREIGN COUNTRY Missouri | COUNTRY OF CITIZEN USA |
| | POST OFFICE ADDRESS | CITY STATE OR COUN | NTRY ZIPCODE |
| POST OFFICE ADDRESS 18612 | Babler Meadows Drive | | |
| SIGNATURE OF INVENTOR 1 | 15016 | DATE | |
| INVENTOR 1 | ble /1/la la | - Sept 13,20 | |
| | | | |
| | | FIRST NAME | MIDDLE NAME |
| FULL NAME OF INVENTOR | LAST NAME Gordon | Gary | В. |
| RESIDENCE & | CITY Highland Park | STATE OR FOREIGN COUNTRY Illinois | COUNTRY OF CITIZEN |
| POST OFFICE ADDRESS 3282 | POST OFFICE ADDRESS University Avenue | CITY STATE OR COUNTY Highland Park Illinois | NTRY ZIPCODE USA 60035 |
| SIGNATURE OF INVENTOR 2 | | DATE | |
| | | | |
| FULL NAME OF INVENTOR | LAST NAME Cunningham | FIRST NAME James | MIDDLE NAME |
| RESIDENCE & | CITY Chicago | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZEN |
| POST OFFICE ADDRESS 3733 | POST OFFICE ADDRESS North Bell Avenue | CITY STATE OR COU Chicago Illinois | |
| | | | |
| SIGNATURE OF | | DATE | |

•

POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: S. CHRISTOPHER BAUER, Registration No. 42,307; DENNIS A. BENNETT, Registration No. 34,547; JAMES C. FORBES, Registration No. 39,457; J. TIMOTHY KEANE, Registration No. 27,808; JOSEPH R. SCHUH, Registration No. 48,180; JAMES M. WARNER, Registration No. 45,199; SCOTT A. WILLIAMS, Registration No. 39,876; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to James M. Warner at 314-694-4474 and address all correspondence to:

Pharmacia Corporation Corporate Patent Law Department P.O. Box 5110 Chicago, Illinois 60680-9889

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| FULL NAME | LAST NAME | FIRST NAME | MIDDLE NAME | |
|---|---|---|--|------|
| | McKearn | John | P. | |
| | CITY Wildwood | STATE OR FOREIGN COUNTRY Missouri | COUNTRY OF CITI | ZEN. |
| POST OFFICE ADDRESS 18612 | POST OFFICE ADDRESS Babler Meadows Drive | CITY STATE OR COU Wildwood Missouri | | |
| SIGNATURE OF INVENTOR 1 | | DATE | | |
| | | | | |
| FULL NAME OF INVENTOR | LAST NAME Gordon | FIRST NAME Gary | MIDDLE NAME B. | |
| RESIDENCE & CITIZENSHIP | CITY Highland Park | STATE OR FOREIGN COUNTRY Illinois | COUNTRY OF CITI | ZEN. |
| POST OFFICE ADDRESS 3282 | POST OFFICE ADDRESS University Avenue | CITY STATE OR COL Highland Park Illinois | | |
| | - (// <i>/</i> | DATE | 25/2001 | |
| SIGNATURE OF INVENTOR 2 | Hary Her | 7, | \(\) \(\) | |
| | Hary Her | 7, | <u> </u> | |
| | Hay Here LAST NAME Cunningham | FIRST NAME James | MIDDLE NAME | |
| INVENTOR 2 PULL NAME | LAST NAME | FIRST NAME | | ZEN. |
| FULL NAME OF INVENTOR RESIDENCE 6 CITIZENSHIP POST OFFICE | LAST NAME Cunningham | FIRST NAME James STATE OR FOREIGN COUNTRY Illinois CITY STATE OR CO | MIDDLE NAME COUNTRY OF CITIUSA | ODE |

POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: S. CHRISTOPHER BAUER, Registration No. 42,307; DENNIS A. BENNETT, Registration No. 34,547; JAMES C. FORBES, Registration No. 39,457; J. TIMOTHY KEANE, Registration No. 27,808; JOSEPH R. SCHUH, Registration No. 48,180; JAMES M. WARNER, Registration No. 45,199; SCOTT A. WILLIAMS, Registration No. 39,876; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to James M. Warner at 314-694-4474 and address all correspondence to:

Pharmacia Corporation Corporate Patent Law Department P.O. Box 5110 Chicago, Illinois 60680-9889 JAN 0 2 2002

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| FULL NAME OF INVENT | | LAST NAME McKearn | FIRST John | NAME | | | P. | NAME |
|------------------------|---|---|----------------|--------------------|------------------|--------------|----------------|------------------|
| RESIDENCE CITIZENSE | - | CITY Wildwood | STATE Misso | or Foreign ouri | COUNTRY | | COUNTRY USA | OF CITIZEN |
| POST OFFI ADDRESS | | POST OFFICE ADDRESS Babler Meadows Drive | CITY Wildw | _ | TATE OR Misso | COUN' uri | TRY USA | ZIPCODE 63038 |
| SIGNATURE | | | | | DATE | | | |

| FULL NAME | LAST NAME | FIRST NAME | MIDDLE NAME |
|--------------|-----------------------|--------------------------|---------------------|
| OF INVENTOR | Gordon | Gary | B. |
| RESIDENCE & | CITY Highland Park | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZEN. |
| POST OFFICE | POST OFFICE ADDRESS | | NTRY ZIPCODE |
| ADDRESS 3282 | University Avenue | | USA 60035 |
| SIGNATURE OF | <u> </u> | DATE | |

| FULL NAME OF INVENTOR | LAST NAME Cunningham | FIRST NAME James | | MIDDLE NAM | Ē |
|-----------------------------|--|---------------------|--------------------------|----------------|------------------|
| RESIDENCE & | CITY Chicago | STATE OR FOREIGN | COUNTRY | COUNTRY OF USA | CITIZEN |
| POST OFFICE ADDRESS 3733 | POST OFFICE ADDRESS North Bell Avenue | CITY S Chicago | TATE OR COUN Illinois | TRY USA | ZIPCODE 60618 |
| SIGNATURE OF INVENTOR 3 | | 5, | DATE A 25/200 | <u> </u> | |

ø.

FIRST NAME MIDDLE NAME LAST NAME FULL NAME T. Gately Stephen OF INVENTOR STATE OR FOREIGN COUNTRY COUNTRY OF CITIZEN. CITY RESIDENCE & Illinois USA CITIZENSHIP Palatine STATE OR COUNTRY Illinois USA ZIPCODE 60067 CITY POST OFFICE POST OFFICE ADDRESS 357 & SHAOY PINES CI Palatine ADDRESS SIGNATURE OF INVENTOR 4 DATE



| FULL NAME OF INVENTOR | LAST NAME Koki | FIRST NAME Alane | | MIDDLE N | AME |
|-----------------------------|--------------------------------|---------------------|---------------------------|----------------|------------------|
| RESIDENCE & CITIZENSHIP | CITY Beaufort | STATE OR FOR | EIGN COUNTRY | COUNTRY USA | OF CITIZEN |
| POST OFFICE ADDRESS P.O. | POST OFFICE ADDRESS Box 213 | CITY Beaufort | STATE OR COUN Missouri | | ZIPCODE 63013 |
| SIGNATURE OF INVENTOR 5 | | | DATE | | |
| | | | | | |
| | | OTDOM NAME | | MIDDLE N | 21.00 |

| FULL NAME OF INVENTOR | LAST NAME Masferrer | FIRST NAME Jaime | | L. | AME |
|-----------------------------|--------------------------------|--------------------------|---------------------------|--------------|------------------|
| residence & Citizenship | CITY Ballwin | STATE OR FOR Missouri | REIGN COUNTRY | COUNTRY OUSA | OF CITIZEN. |
| POST OFFICE ADDRESS 1213 | POST OFFICE ADDRESS Blairshire | CITY Ballwin | STATE OR COUR Missouri | TRY USA | ZIPCODE 63011 |
| SIGNATURE OF INVENTOR 6 | | | DATE | | |

MIDDLE NAME FIRST NAME LAST NAME FULL NAME T. Stephen OF INVENTOR Gately STATE OR FOREIGN COUNTRY COUNTRY OF CITIZEN. CITY RESIDENCE & USA Illinois CITIZENSHIP Palatine ZIPCODE 60067 STATE OR COUNTRY
Illinois USA CITY POST OFFICE POST OFFICE ADDRESS
ADDRESS 1325 Sterling Avenue Palatine DATE SIGNATURE OF INVENTOR 4

| FUIL NAME OF INVENTOR | LAST NAME Koki | FIRST NAME Alane | MIDDLE NAME T. |
|-----------------------------|-----------------------------|--------------------------------------|-------------------------|
| RESIDENCE & | CITY Beaufort | STATE OR FOREIGN COUNTRY Missouri | COUNTRY OF CITIZEN. USA |
| POST OFFICE ADDRESS P.O. | POST OFFICE ADDRESS Box 213 | Beaufort Missou | ri USA 63013 |
| SIGNATURE OF INVENTOR 5 | Muka | de DATE | Ept. 18h 20 |

| full name | LAST NAME | FIRST NAME | MIDDLE NA | ME |
|--------------|---------------------|-------------------------------------|-------------|-----------|
| of inventor | Masferrer | Jaime | L. | |
| RESIDENCE & | CITY Ballwin | STATE OR FOREIGN COUNTR Missouri | Y COUNTRY C | F CITIZEN |
| POST OFFICE | POST OFFICE ADDRESS | CITY STATE OF | R COUNTRY | 63011 |
| ADDRESS 1213 | Blairshire | Ballwin Miss | Bouri USA | |